Oaths Act 1867

Statutory Declaration

QUEENSLAND
TO WIT

I, **DR ANNE BRENNAN** of Toowong, in the State of Queensland, do solemnly and sincerely declare that:

There are matters stated in the statements of other witnesses which I consider require either clarification or comment. This second supplementary statement is to address those matters.

Statement of Janine Armitage

1. At paragraph 36 of her statement Ms Armitage states that in December 2013 school staff were no longer permitted access to the nurses' station on the ward.

2. I do not recall any direction being issued to limit access to the nursing station. I do recall being concerned that information about patients was being inappropriately communicated by some teachers to families and patients. I believed that tentative plans for transition, particularly in regard to accommodation, should not have been revealed too early to patients as they may have escalated with self harm due to heightened anxiety, or rejected the plan from the outset, before it was comprehensive and before it had been discussed with them by someone fully aware of the components of the plan.

Statements of Deborah Rankin

3. On page 27 of her first statement, in answer to question 28, at the third dot point, Ms Rankin refers to a comment that I made in a case conference in November 2013 that I had been able to put forward an argument to slow the transitions down until January 2014. I advised staff on many occasions of

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discussions with the executive of WMHHS about the timing of the closure of the BAC. Initially it was my plan to try to effect a transition for all patients by the close of the school year (13 December 2013), because I felt that this would allow time for patients to try new services and report their experiences and reactions back to BAC staff and it would allow in-reach to other services . Also if we had transitioned the majority of the patients which were the less complex cases it would be unhealthy to have just a small number of patients remaining. Attached marked **AB-1** is a true copy of an email I sent to Vanessa Clayworth and Sue Daniels about this intention on 7 October 2013. However it became apparent that it would not be possible to implement appropriate plans for all the patients by that date. I then indicated to staff at the transition care panel (TCP) meetings that we were aiming for a closure by the end of January 2014, and that the actual date of closure was flexible and based on the patients having appropriate transition arrangements in place. I did not have to put forward an argument to delay closure – I merely indicated that based on the amount of work needed to be done, it was unlikely all transition arrangements would be in place by 13 December 2013.

4. In paragraph 107 of her statement Ms Rankin refers to the fact that from 23 October 2013 she was the only school staff member to attend the TCP meetings, which she understood was due to West Moreton Health Board complaining to the Department of Education Regional Office and Peter Blatch that some staff were being obstructive and not encouraging of the transition process. It is correct that a complaint was made by Sharon Kelly to the Department of Education. It had become apparent by 30 October 2013 that some school staff were actively undermining the transition process by feeding information covertly to parents and others in the Save the Barrett campaign. This led to both patients and staff receiving conflicting messages and caused great distress.

5. When I became aware this was happening, as a result of comments made by patients, comments I overheard in corridor conversations and Ms Oxenham

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telling me directly she had given information to the Save the Barrett campaign and a politician, I raised this in a meeting with the executive and Sharon Kelly indicated she would take the matter up with the Department of Education.

6. In her supplementary statement Ms Rankin says at paragraph 120 that following media reports concerning the standing down of Dr Sadler I instructed staff to only reveal the most minimal details, being the information in the media reports. In relation to the communication strategy about Dr Sadler's situation, this was handled by the WMHHS executive, not by me. The position of the executive was initially that a statement should be made that Dr Sadler was on leave. I did not communicate this statement to the patients or staff. After it became obvious patients and staff were aware he had been stood down, the direction was that for legal and privacy reasons, statements about the situation should be limited just to the fact that he had been stood down and an investigation into concerns which led to that decision was being undertaken. I passed this on to staff.

7. At paragraphs 123 to 129 of her supplementary statement Ms Rankin makes observations about her working relationship with me and the interaction between clinical and education staff while I was Acting Director. I agree that Ms Rankin and I had a good working relationship. She appeared to me to be committed, competent and professional. I agree that from the first day of my involvement there appeared to be a divide between the education and clinical staff. Some of this was almost certainly due to the fact that Dr Sadler was both popular with, and respected by, the education staff. As such anyone seen to be associated with the management decision to stand him down was immediately off-side. In addition there had been problems with education staff communicating inappropriately to parents and families in what seemed an attempt to undermine the transition process, and this had led to a complaint as noted above. Mr Rodgers, the Principal, was verbally hostile to Dr Hoehn and me on our first day there because we had had a meeting with the patients without the teaching staff present, and had, unintentionally, kept the teaching

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staff waiting for a meeting with us.

8. I am not sure what Ms Rankin means when she says in paragraph 128 that I took over from a respected leader in a clandestine fashion. I was always open about being in an acting position and indeed believed in the beginning that Dr Sadler would return to the position, as that was his own expectation. I agree that I did not have as much experience with the BAC students as Dr Sadler. I do not necessarily agree that I did not have as many contacts with alternative service providers. In paragraph 153 of his own statement Dr Sadler indicates the difficulties in identifying supported accommodation services. I was able to find treating practitioners (GPs and psychiatrists) for some patients who had previously not had these services arranged, so do not believe any supposed lack of contacts (as compared with Dr Sadler), affected any patients.

9.

Statement of

10. In paragraphs 20 to 24 of her statement makes a number of comments with which I do not agree. The statements made and the reasons I disagree with them are:

(a)

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(b

(c)

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Sub-acute beds at Mater Children's/Lady Cilento Hospitals

11. A number of witnesses have made reference to the fact that part of the services which were available for the BAC patients included 2 sub-acute beds at the Mater Children's' Hospital which would become 4 beds with the opening of the Lady Cilento Hospital. I would like to make my position clear with respect to these beds. Firstly I was never informed prior to the closure of the BAC that two beds were available at the Mater Hospital. Secondly after I became aware of the existence of the beds, I asked Dr Stathis, in about mid-2015, when they in fact became available. He advised me that:

    (a) Verbal cost estimates were given by Mater Children's Hospital on 19 February 2014;

    (b) The beds were funded in July 2014;

    (c) The beds became available between August and September 2014.

12. Had I been aware that these beds were an option and had they been available I would have considered including them in the transition plans for patients such as

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[redacted]

Statement of Justine Oxenham

13. In paragraphs 6(c), 8 and 10(a), Ms Oxenham refers to differences in the level of engagement between teaching staff and other professionals after Dr Sadler was stood down, the level of communication between education and clinical staff and actions taken in response to the challenges presented. She states that engagement and communication between the education and clinical staff deteriorated. She refers to having to understand the "true agenda" bureaucrats had when visiting which was often described as support for the teaching staff.

14. I have no doubt that the relationship between the clinical and education staff was not as good after Dr Sadler was stood down as before that occurred. As noted above, in meeting with the principal on my first day at BAC in 2013, I was met with verbal hostility. I tried to maintain an open and trusting position with the education staff. However, I felt I had to be less so after learning that Ms Oxenham (and possibly other teachers) was emailing and texting parents putting her interpretation on matters discussed in transition meetings. This led to Ms Oxenham being removed from the transition panel meetings. Ms Rankin (who then came on to the panel in her place) was extremely professional and I was able to rebuild a level of trust with her. I greeted every teacher whenever I passed and was quite willing to spend time discussing appropriate matters with them. I took in a laptop computer for a patient, [redacted] as [redacted] needed one for [redacted] studies. I gave it to the school to give to [redacted] as I did not want to [redacted] to know it came from me. I later found out that it was not given to [redacted].

15. In paragraph 13(b) of her statement Ms Oxenham refers to a direction to remove photographs of staff and students from the Noticeboard. [redacted]

[redacted]

Signed: [redacted] Taken by: ..... [redacted] .....
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He believed these had been provided by school staff to the students and was concerned about the blurring of appropriate professional boundaries represented by this. Having become aware of this we decided to direct that photographs of staff and students together be taken down from the notice board. This was not to de-humanise BAC but to reduce the possibility of blurring boundaries. A copy of Mr Sault's email is attached marked **AB- 2**.

16. Having now received Ms Oxenham's statement and being made aware from the attached emails of exactly what she was communicating to [redacted] and others, it is clear that Ms Oxenham has promulgated a view of me that is false and misleading and clearly impacted on my capacity to build a therapeutic alliance with [redacted] and probably many other parents and some patients. Many of the comments by Ms Oxenham in her emails are false. For example:

    (a) At page JOX900.001.0017 Ms Oxenham purports to quote me saying "Do we really need to do that ? Can't the CCs (care co-ordinators) do that ?" implying that I did not consider contact with parents was important. I spoke to every parent of BAC patients at least once and a number of parents I spoke to on multiple occasions. In addition I offered every parent/carer (except [redacted] a face to face meeting to discuss their concerns and was available to discuss matters with them as needed. It was however not possible or appropriate for me to do all of the communication required. The care co-ordinators were closely involved with the patients and were ideally placed to have contact with family members. To imply that I did not want to speak to parents or did not see this as important is false;

    (b) In the same email Ms Oxenham says that I said "do not leak bits and pieces to parents" and goes on to say it gives some indication of the lack of respect and due consideration given to the rights of kids and their parents in the process". I asked staff to not give out information prematurely or inaccurately. Doing so before the options had been properly formulated and discussed by those actually doing the

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implementation, posed a serious risk to the stability of the patients and adversely affected parents as well. However Ms Oxenham has taken this statement out of context and then misrepresented it.

(c) In the same document Ms Oxenham suggests that I was using my mobile telephone to record the transition panel meetings. This is untrue and again indicates an extraordinary and unjustified level of distrust.

17. Other matters which have been interpreted in an adverse way are found in document JOX900.001.0024. Ms Oxenham refers to decisions about an end of term party, removing photographs as being menial tricks to dehumanise the entire situation. I have explained above the reason for the direction about photographs with staff and students. In terms of the party I had concerns about the possibility it could be adverse, while recognising it was a tradition and could be positive.

18. The statement in the same paragraph about people having tremendous bullying power, the depths of their depravity and expertise in forcing their will, coupled with a complete and total lack of compassion is inflammatory and untrue. The other matter of concern from that document is that was apparently trying to catch me out in some way about a holiday program and Ms Oxenham in no way refuted that approach.

19. In relation to pages JOX900.001.0082 to JOX900.001.0084 which are said to contain verbatim quotes from transition meetings I say:

(a) It was difficult to source services tailor made to meet the requirements of each and every BAC patient. The existing services needed to be flexible (as many were) to meet the needs of different patients. We at BAC

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needed to drive those requests to ensure that we could identify safe, appropriate services.

(b) I accept I said there was no database and no central agency for service providers, or words to that effect, as this was the position when I commenced.

20. In relation to the excerpt from a meeting on 23 October 2013 I suggest firstly that this is not a verbatim script as suggested as I would have used the word "clogged" not "dogged" in the excerpt quoted. There were a lot of meetings. However the patients still received a great deal of my time. I saw each patient as often and for as long as possible. There were time constraints as a result of the number of patients, the frequent occurrence of individual crises, the need for case conferences about every patient every week, a transitional care meeting about each patient, phone calls and meetings with parents and carers, service providers and the executive as well as many conversations each day with various staff about the patients' needs and directions regarding management of the unit.

21. The unit worked essentially as a therapeutic milieu. The creation of that environment was central to patient care. Such a unit does not operate by a series of separate defined clinical consultations. However the chart notes clearly document frequent such sessions. Sometimes I would spend a little time with them just to see how they were at that point before moving on, but usually I would arrange a time later in the day to catch up. Those arrangements were usually adhered to, but some days they could not be, as there were more urgent clinical concerns or unexpected meetings.

22. In relation to other comments made by Ms Oxenham, there are numerous errors. She suggests that Georgia Watkins-Allen had been available until Dr Sadler was stood down. The fact is that Ms Watkins-Allen had ceased her

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work at the BAC 5 months before I arrived. In addition Kate Partridge had left before I arrived, Kim Hoang went on sick leave soon after my arrival until 6 December 2013, David Ward had left before I arrived and Megan Hayes returned from leave just after I started. There is a reference to

23. In relation to the reported quote that I said that

However a partial excerpt from a long meeting, possibly out of context, is useless in my view in assisting the Commission understand the discussion.

24. In relation to the comment that

In my view the appropriate response occurred which was that Vanessa Clayworth reported the comments by telephone and in writing to for it to take appropriate precautions.

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25. In relation to the comments about [redacted] that I said "there's nobody" and that "anytime they have a date, [redacted] could go now", at that time, I considered that the best option for [redacted] when accommodation became available, was to move there and return to BAC as a day patient. This would help [redacted] maintain a sense of connection to the BAC until its closure but also reinforce [redacted] ability to live in a different setting. Our expectation was that [redacted] would place [redacted] fairly early.

26. I have already addressed the alleged comment relating to communication with families about the transition process. I again suspect the quote, if correct, has been taken out of context. I was committed to communication with families and involving them in the transition process. As just one example I attach an email to the [redacted] – attached marked **AB-3**.

27. I refute any suggestion that Vanessa Clayworth did not believe in involving the families in the transition process.

28. In terms of the "cases in point" it is untrue that the option formulated by the [redacted]

29. In relation to [redacted] the panel discussed the various [redacted] where day programs were located and [redacted]. The reference by Ms Oxenham is inaccurate and out of context. [redacted] [redacted] [redacted] also very appropriately stated that a suite of services would be necessary. A note of the discussion with the [redacted] is attached marked **AB-4**. I have already explained why I believed leaking information to be harmful to the patients and their families. I am not sure what the quote about parents caring for their children relates to and am unable to

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comment on a quote taken out of context.

30. In relation to [redacted] I do recall advising the panel that I believed the support for the patient would not extend to [redacted]

31. In terms of Ms Oxenham's removal from the Transition panel meetings, I have dealt with this issue above. Suffice to say that on reading her statement and the emails attached I am confirmed in my view that this was a necessary step. I do not know how much harm was done to the transition process for any individual patient as a result of the inaccurate and inflammatory comments made by Ms Oxenham, but now understand better why I found a number of parents, including [redacted], dissatisfied.

32. In relation to a letter that was apparently addressed to the then Premier, Campbell Newman, which is document JOX900.001.0089, this also contains many inaccuracies. These are:

(a) Ms Oxenham suggests that under new and inexperienced directorship (a reference to me), [redacted]

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(b)

(c)

Statement of Karen Northcote

33. In paragraph 5 of her statement Ms Northcote says that initially a request had been made for before Christmas 2013, which the team did not support. She was unsure why the request had been made.

Statement of Elizabeth Hoehn

34. In paragraphs 17 to 18 of her statement Dr Hoehn refers to changes in observation management due to a discussion that she and I had with Vanessa Clayworth, Will Brennan and Padraig McGrath on 11 September 2013. Dr Hoehn and I and the senior nurse mentioned agreed that the BAC should use the same categories as other facilities. This was particularly important given the non-permanent nursing staff (agency and short term contract) working at

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the BAC. This was documented in the risk register.

35. In point 5 of the Issues Register which is attached to Dr Hoehn's statement, document CHS 900.001.0065, there is a reference to the need for responsive and timely communication with parents. Parents were offered as much time as I could realistically give, and specific requests were always met as far as I can recall. Some families had several face to face meetings. For example [redacted] who was calling and emailing frequently, was offered a weekly appointment on a Thursday at 3 pm. [redacted] attended for several weeks, but then ceased attending. The time remained available to [redacted]. Some were busy or travel was onerous so meetings were by phone only. Email was often utilised. The clinical notes and the transition plans for the patients will have entries of some of the telephone calls. However due to the pressure of time and other duties and the location of my office in a building separate to patient files, I did not always make a note of telephone calls and am certain there were many more calls with family members than are in the records.

36. When some parents expressed a need for further support for them to cope over the transition process, Dr Geppert allocated Kath Stapley to provide that support. Nadia Beer, the patient advocate, was also available to patients and their families.

Statement of Dr Peter Steer

37. At paragraph 52 of his statement Dr Steer says that his recollection is that I stayed on in my role for a period of months to co-ordinate, support and monitor the progress of adolescents once they transferred to their new care providers. My role with the BAC finished on 6 February 2014. I stayed on with WMHHS as the CYMHS Ipswich psychiatrist until my contract officially finished on 9 March 2014. I then went to work at the Kids in Mind ward at the Mater Children's' Hospital until June 2014. I later worked for CHQ HHS as described in my supplementary statement.

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38. I did work on the wait list for patients referred for admission to BAC and this was documented in a spread sheet provided to Dr Stathis and the executive. On my own initiative I also followed up the BAC patients in February 2014 which was sent to the executive.

Statement of Victoria Young

39. In relation to paragraph 11(h) of her statement about BAC becoming a locked ward I advise that there was a directive from the Minister for Health, which required that any psychiatric facility with an adult patient had to be a locked ward. at the time the BAC had to become a locked ward from 15 December 2013 whenever was there.

Statement of

40. Care Coordinator (CC). The CC was a very important role in the transition process. I appreciated the important role of the CC's presence on the ward in containing patients emotionally and supporting their families, and did not require their presence at TCP meetings which were time consuming, and largely administrative. If they wished to attend, I was happy for them to do so. I recall Liam Huxter and Brenton Page and others attending. My impression was that the therapeutic alliance the CCs had with their patients, particularly the more complex ones (i.e. those requiring accommodation) was able to be maintained by the CC being seen to be at arms-length from the TCP decisions.

41. Day to day care was the most important component of developing transition plans.

42. also participated in

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the session at BAC where met future case manager and nurse. When I sensed concerns about transfer plan I called an immediate meeting on 6 January 2014 of all available staff (many were still on holiday leave) and asked each one, for their opinion.

Statement of

43. At paragraph 31 of her statement states that I telephoned and told I could not tell anything for privacy reasons but that would be looked after and that we were developing a transition plan. says was not invited to comment on or contribute to any plan and that never saw any documents relating to release from Barrett.

44.

45.

46. In paragraph 33 refers to emptying room at BAC in late November or early December 2013 and coming to live with I believe is confusing the BAC with

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as had not lived at the BAC for a number of months by then. This is confirmed by paragraph 38 of statement.

Statement of

47. sets out in paragraphs 13 to 17 of her statement, a number of events which occurred in 2013. These are not in the correct order. However the incorrect order probably is not significant in the overall scheme of things.

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[redacted]

Statement of Kevin Rodgers

53. In paragraph 41 of his statement Mr Rodgers says he was aware of meetings which occurred between Peter Blatch and I relating to the suitability of students to attend the BAC school when it moved to a site within Yeronga State High School. This is incorrect. I only met Mr Blatch once, which was when Deborah Rankin took over as acting school Principal from Mr Rodgers.

54. In paragraph 42 of his statement Mr Rodgers refers to a student being enrolled in the school at Yeronga against my advice. I am not sure which student is referred to in this paragraph. [redacted] and [redacted] was discussed in a multi disciplinary team meeting involving BAC staff, [redacted] when [redacted] care was handed over from BAC. That large group of professionals agreed on an education plan involving other services. [redacted]

55. In paragraph 46 of, and attachment D to, his statement, Mr Rodgers criticises what he sees as the impact Dr Hoehn and I had on teaching staff and patients. I agree that the relationship with Mr Rodgers and a number of the education staff was strained. The interaction started off on the wrong foot because a meeting with the education staff was delayed due [redacted]. As a result a decision was made to delay the meeting with the teachers to check on the patients and the impact on them of this announcement. The first interaction

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with Mr Rodgers involved significant verbal hostility on his part. This was noted by Sharon Kelly who felt it necessary to raise the matter with Peter Blatch. Despite my willingness to work with Mr Rodgers, he remained reluctant to engage with me.

56. The apparent antipathy from Mr Rodgers was exacerbated when I gave directions via email. For example I gave a direction to teachers to vet the films, TV and electronic games that the students were watching, in keeping with unit policy. There was a . In addition, when a group meeting of parents was called by the school to discuss the education plans for the transition, I indicated concern that a public meeting may cause significant distress to patients. I recommended that a discussion of the education plan for individual patients be discussed with parents individually. Eventually I said that students could attend and advised that nursing staff were to be informed by school staff of any students who became distressed. The meeting failed to eventuate due to only 3 parents electing to attend.

57. Another example occurred when I heard that Education Union representatives were going to attend the BAC. I felt that because of the possible impact of such a meeting this was something that should be advised to the WMHHS executive. I informed Mr Rodgers of my intention to notify the executive. Although he stated he had no objection to this it appears he did. It seemed to be that almost all of our interactions were of a confrontational nature. This was not my experience when Deborah Rankin took over as acting Principal.

58. In paragraphs 55 to 57 of his statement Mr Rodgers states that he left a meeting because I had advised it was finished, then I complained about him leaving the meeting, and that he assumes I complained about him every afternoon to Sharon Kelly. It is true that Mr Rodgers stood up and walked out of what was a Transition Care Panel meeting. It is false to suggest that I had advised that the meeting had finished. It had not finished and Mr Rodgers' action in walking out was unprofessional.

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59. I did not complain to Ms Kelly about Mr Rodgers every afternoon. I did raise some matters with the executive where I thought that the actions or behaviour of education staff were impacting negatively on the transition process. I believe all of the concerns I raised were appropriate and justified. The Commission has available an email trail which has been disclosed in this regard.

60. In relation to paragraph 65 of his statement where Mr Rodgers says that Dr Hoehn and I stated that adolescents were to be told that Dr Sadler was only on leave, I say that a direction was given by Sharon Kelly that we were to inform patients that Dr Sadler was on leave. I did not in fact make this statement to patients. The matter was raised in parliament on 11 September 2013 (my first day) and patients became aware that he had been stood down.

Statement of

61.

62. In late December 2013

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2014 as noted in the CIMHA note attached marked **AB- 5.**

63.

64. In terms of notification of the actual date of transfer there was a lot of consideration given to this.

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66.

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[redacted]

67. [redacted]

Statement of [redacted]

68. [redacted]

Statement of [redacted]

69. [redacted]

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70. [redacted]

71. [redacted]

72. [redacted]

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73. [redacted]

74. [redacted]

Statement of Margaret Nightingale

75. In paragraph 77 of her statement Ms Nightingale refers to the forcible removal of a student. As far as I am aware this is not something which occurred during the time I was acting director.

76. In relation to her supplementary statement and in particular paragraph 90 where there is a reference to a discussion between Ms Nightingale and I in the

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kitchen, in which she expressed concerns that there were no other services available to the patients which had not already been tried, I do not recall this specific discussion. However this is something a number of teachers and family members raised. My usual response was that we were doing our best to develop packages which fitted the particular circumstances of each patient.

77. In relation to paragraph 94 and the statement that I looked burdened and in response to Ms Nightingale's concerns acknowledged that my task was difficult and there were constraints, I agree that I was carrying a big load, that the task was very difficult, more so than I anticipated when I accepted the position, and there were constraints. Ms Nightingale goes on to say it was her impression that I did not have as much flexibility and independence as I would have liked. The issues were not so much flexibility and independence but the scarcity of relevant services and the task of trying to get agreement from all the stakeholders to implement a transition.

Statement of

78. In her statement says a number of things which are incorrect. These are:

(a)

(b)

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(c)

(d)

Statement of Professor Brett McDermott

79. In relation to paragraphs 116 to 122 of his statement Professor McDermott refers to discussions with me about a patient from the BAC who had an extended 5 month admission to the Mater Hospital. I recall having some discussions with Professor McDermott and appreciated his support throughout the time I was working at WMHHS. However I do not believe any of the patients who were at the BAC when I started had a 5 month admission to the Mater Hospital, and wonder if there has been some confusion with a patient

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transitioned before I started.

80. I understand Professor McDermott has given evidence that he had a detailed discussion with me about taking the position as acting Clinical Director of the BAC before I did so, and that he advised me not to do it. My recollection is that I had a pre-arranged meeting for a coffee with Professor McDermott at 8:30 am on 11 September 2013 at Woolloongabba to discuss working on MAYAC. At the end of that discussion I briefly mentioned that I had been asked to fill in for Dr Sadler at the BAC. I had by then accepted the position and was about to start work soon after that morning. He said he was aware of the standing down of Dr Sadler as the Mater Mental Health Service had just accepted a transfer of a patient from the BAC. He did not offer me any advice about taking the position. Two ladies he knew entered the coffee shop at that point and he began speaking to them and no further discussion on the topic occurred.

Supplementary statement of Dr Darren Neillie

81. In relation to the statement by Dr Neillie that he did not inform me that prior to my arrival there had been clinical governance issues, I am happy to accept that he did not say this. I recall being in a meeting in the office of Sharon Kelly on my first day at the BAC. One of the persons present made a comment to that effect during that meeting but I now cannot be certain who made the comment.

Supplementary statement of Lourdes Wong

82. In paragraph 6 of her supplementary statement Ms Wong indicates she had concerns about the transition plans for [redacted] Her concern was that she did not believe there was any other facility similar to the BAC to provide 24 hour supervision. She went on to say that she could not comment about patients [redacted] and [redacted] but understood patient [redacted] was going somewhere without 24 hour supervision.

83. [redacted] My initial plan was for [redacted] to transition to the [redacted]

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when the unit felt it was appropriate.

Supplementary statement of Matthew Beswick

84. In paragraph 24(a) of his supplementary statement Mr Beswick says that reported to him that transition plan was inappropriate and inadequate.

85.

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86.

Statement of Ronald Simpson

87. In relation to paragraph 23 of his statement I agree that I advised that I did not consider

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88.

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90.

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Solicitor/Justice of the Peace

Statement of

91. In relation to paragraphs 24 and 25 of statement I did indicate, as had been previously indicated in a number of previous meetings and emails, that the BAC was closing and alternative arrangements needed to be made for In terms of questioning about why she had scored I agree that I did question what tool had been used and how the criteria had been applied. In addition, the criteria to be assessed in all forms relating to risk of self harm or aggression include matters which require some personal interpretation. For example one of the criteria It appeared that had My assessment of at that time was the same as that reached by in their assessment on behalf of Our experience in how best to recognise and deal with deterioration in condition is set out in the Crisis Intervention Plan (CIP) handed to by Megan Hayes on (part of **AB-11**).

92. In relation to paragraph 25 of her statement, I agree that I indicated that there was sufficient flexibility to keep the BAC open for a little longer if required. I was not concerned about the expense, as suggested, but the possible risk to

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Statement of

93.

94.

Statement of

95.

Signed: ..... Taken by: .....

Solicitor/Justice of the Peace

Statement of Amelia Callaghan

96. In relation to the statement in paragraph 20(c) of her statement that she did not believe any of the BAC patients were suitable for referral to Headspace because Headspace is focused on early intervention and there are a limited number of sessions available under one program, I note as follows:

(a) in a process which was aimed to identify a number of services, as well as accommodation, and connect the patient to those services, Headspace had a role to play for some patients, as transition can include a limited number of sessions winding down or where the patient then is connected to adult services or other services.

(b) Other patients who in fact were accepted by or accessed Headspace services included accommodation had been decided, on about the intake officer said would meet their criteria and they would be happy to accept the referral. We also discussed therapy options and the intake officer indicated cognitive behaviour therapy (CBT) could be provided. When I phoned again the day prior to discharge (as soon as accommodation was known to be in the Wacol area), they again listened to history and said they could not offer an initial psychologist's appointment till 6 February 2014 but that could come in and see their

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GP in the interim. They also advised at some point in our discussions that Dr Michael Daubney was going to do fortnightly sessions at Ipswich Headspace.

(c) Another patient was was not happy to continue seeing a private psychologist and was referred to reported engaging well with the service and wanted to continue.

(d) wanted more support in addition to consulting a private psychiatrist, and in particular wanted support with someone whom could see independently of and who was in the local area. As a result was referred to

(e) Another patient was was ambivalent at first but did accept the suggestion of the BAC team to seek extra support through even though was referred to a private psychiatrist, whose rooms were close by to the family home.

(f) As noted above patient and had in the past seen a particular psychologist who worked at and was referred back to her.

Statements of Janelle Bowra and Christie Bourke

97. I note that both Ms Bowra and Ms Bourke state that the handover information from the BAC on was not comprehensive. I am not sure what was provided by the nurses who transported to However I can say that prior to the transfer there were a number of meetings with the PAMHS and Ms Bowra discussing the proposed transition in which extensive information was provided about This is confirmed in Ms Bowra's statement.

98. It appears that Ms Bowra and Ms Bourke cannot locate material, which Vanessa Clayworth said was being sent, about either in the records or on . I cannot explain where documents such as the

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Meal Plan, Medications Charts, Management Plan, Leave Management Plan, Trauma Management Plan, Guideline for Dissociation Management plan, Sleep and Settling Routine went. They were prepared and ought to have accompanied admission. True copies of forms which are on the BAC chart, including a Consumer Care and Discharge Plan, psychological report, report by me and an email from Vanessa Clayworth to Janelle Bowra, are attached marked **AB-13**.

99. I also note that after the transfer there were at least two meetings with BAC staff including Dr Stedman and me. I believe that there was good co-operation and interaction with the staff and any information required was provided and as a result of the good co-operation and the care at the transition went well.

Statement of Georgia Watkins-Allen

100. At paragraph 70 (b) of her statement Ms Watkins-Allen indicates that she requested that I conduct a clinical assessment and I do not recall any request from Ms Watkins-Allen. I was advised by Dr Pettet that he was concerned about mental state and so I asked to see as documented in the chart.

101. At paragraphs 71 and 73 of her supplementary statement Ms Watkins-Allen says that she did not receive a transition plan for patients she was seeing privately at the time of transition. In paragraph 5.3 of her first statement to the Commission Ms Watkins-Allen says she has a Queensland Health Discharge Summary dated 5 February 2014. As the attachments to the statement are not available to me I am unable to say for certain, but believe this to be a discharge summary prepared by staff at the BAC in relation to and sent to Ms Watkins-Allen.

102. In addition Ms Watkins-Allen was named as a recipient for discharge documentation for A true copy of the discharge document is

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attachment **AB-12,** referred to above. If Ms Watkins-Allen did not receive this document this is due to an administrative oversight.

103. Where we were transitioning patients to new psychiatrists or psychologists we provided detailed information to the practitioners to whom patients were being referred. However where the patient was continuing to see a provider he or she was already seeing, we would usually just advise that the patient had been discharged and which other practitioners were seeing the patient. had been admitted to the so the primary communication was with the and the to co-ordinate and ensure a smooth transition from the Mater to the However the Transition Team spreadsheet does indicate that Vanessa Clayworth had contact with Ms Watkins-Allen on 18 December 2013. A true copy of this sheet is attached marked **AB-14**. The was aware that was seeing Ms Watkins-Allen privately and I believe contacted her to discuss the ongoing care of

Statement of Megan Vizzard

104. In relation to paragraph 64 of the first statement of Ms Vizzard, I confirm that I first spoke to the education staff in a meeting. On my first day there was a meeting with patients to explain that I had been brought in as acting Director in the place of Dr Sadler. A direction had been given as noted above to state that Dr Sadler was on leave. However the announcement about Dr Sadler was made in introducing me, not by me. Later when it became obvious media were reporting he had been stood down this was advised to patients.

105. I did speak with Ms Vizzard, as I did with a number of the education staff in the kitchen and in other informal situations. I am sure I did tell her, as I did others, that the job was even harder than I expected on accepting the position. However I did not make a statement that if I did not do the job they would bring someone in who was callous and without a heart.

106. With respect to the comments which Ms Vizzard recalls

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107.

108. Although on the face of it, it may appear that would have felt supported by the familiar staff and students at BAC school at Yeronga, it may have been that establishing and maintaining rapport with a new set of carers at was impacted by rekindling alliances with BAC, yet not having BAC staff readily available on a day to day basis.

109.

Signed:  Taken by: ....

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110. In paragraph 141 of her first statement and paragraphs 35 to 37 of her supplementary statement Ms Vizzard refers to transition plans being insufficient and falling through. It is impossible to respond properly to general statements which do not identify particular patients and where I do not have the relevant records to comment on whether the plans were implemented as expected.

111. I can say that after calling the patients and their families in early March 2014 it was my understanding that all management plans were generally being followed though. However some aspects of the plans which had not been implemented were:

(a)

(b)

(c)

(d)

112. Another point to keep in mind is that transition plans were not designed to be permanent. Adolescence is a time of change. These young people had been in long term inpatient care. Some changes would be expected and appropriate.

Statement of

113.

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114.

115.

Statement of

116. In relation to paragraph 49 of statement and in particular the comment that the family did not receive a formal transition plan and that did not have a discussion with me or any BAC staff member about the transition plan I can say that:

(a)

Signed Taken by: .....
Solicitor/~~Justice of the Peace~~

(b) [redacted]

117. [redacted]

118. [redacted]

119. [redacted]

Signed: [redacted] Taken by: .... [redacted] .....
Solicitor/Justice of the Peace

Statement of

120.

Statement of

121. I note that recounts many telephone calls in detail supported by emails to me as well as others. However does not attach copies of emails to and from Justine Oxenham which are relevant to the way in which approached the transition, and explain at least in part, the reason that it was difficult to establish a therapeutic alliance with

122. In paragraph 42 of statement states that in a telephone conversation with me the evening after Dr Sadler was stood down I said I did not know where the young people would go and I hoped the AETRS committee would come up with something because there was nowhere. This is not correct. Firstly I would simply not have had sufficient time to identify what services were available so would not have been willing to express a view on whether there were alternatives. Secondly, as we examined the options, there were suitable alternatives for the patients.

123. In paragraph 47

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Solicitor/~~Justice of the Peace~~

[redacted]

124. [redacted]

125. [redacted]

126. [redacted]

127. [redacted]

Signed: ..... Taken by: ....

Solicitor/Justice of the Peace

[redacted]

128. [redacted]

129. [redacted]

130. [redacted]

131. [redacted]

Signed: [redacted] Taken by: ..... [redacted] .....

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[redacted]

132. [redacted]

133. [redacted]

134. [redacted]

135. [redacted]

Signed: [redacted] ..... Taken by: ..... [redacted] .....

Solicitor/~~Justice of the Peace~~

136.

137.

138.

139.

140.

Signed Taken by: ....

Solicitor/~~Justice of the Peace~~

[redacted]

141. [redacted]

142. In relation to paragraph 92 of [redacted] statement the model of care in medicine has always been for written referrals to be provided to receiving doctors or services, not to patients or families. In my experience I have not seen the guidelines referred to practically implemented. That is not to say that families are not closely involved in the process and advised of the plan, just that handing over a written plan was not standard practice at the time. In addition Megan Hayes did a lot work drafting and providing to families a Community Contacts List which summarised all treating practitioners and gave contact details for community organisations which may be of assistance. In peer discussions with colleagues in recent times, I have confirmed that it is not usual practice to give families transition plans.

143. In terms of connection to services, I did not oversee all contact but am aware that CCs and CLs were actively engaged in connecting patients and families with new services. In terms of [redacted] being told to just telephone [redacted] I can say that [redacted] was personally offered a number of supports but I do not feel comfortable, given the particular circumstances, to detail these in this statement. Similarly [redacted] was offered every support [redacted]

Signed: [redacted] Taken by: ..... [redacted] .....
Solicitor/~~Justice of the Peace~~

requested. [redacted] was asked if [redacted] wanted a referral to [redacted] but declined so it is wrong for [redacted] to say [redacted] was left to contact them [redacted]

144. In terms of matters raised in paragraphs 97 to 99 of her statement I say:

(a) [redacted]

(b) [redacted]

145. [redacted]

146. [redacted]

Signed [redacted] ..... Taken by: ..... [redacted] .....
Solicitor/Justice of the Peace

Further Observation

147. By mid 2014 a tragic event and a powerful influence were relevant. and the school became a hub where grieving ex BAC patients, their relatives and grieving staff could meet. I have no doubt this provided enormous comfort for some. It may be that it also contributed to the narrative being espoused before the BAC closure, that these young persons were being abandoned, that they were not being cared for and that their futures were at risk. They are, as a group, a vulnerable population and almost paradoxically, their vulnerability may have been increased by the perpetuation of this identity.

148. as members of a bereaved and abandoned group, left leaderless after the departure of Dr Sadler and un-supported (except for the school staff) after the closure of BAC.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.

Taken and Declared before me, at Brisbane)
this 22nd day of February 2016)
)

.....
Justice of the Peace/C.Dec / Solicitor

ATTACHMENT LISTING

Bound and marked 'AB-1' to AB-17' are the attachments to the Statutory Declaration of **DR ANNE BRENNAN** declared ~~19~~ 22 February 2016.

Attachment	Document	Date	Page
AB- 1	Email to Vanessa Clayworth and Sue Daniels	07.10.13	1
AB-2	Email from Stephen Sault		2
AB-3	Email to	23.10.13	3 – 4
AB-4	Note of discussion with	02.10.13	5
AB-5	CIMHA note	17.01.14	6
AB-6	CIMHA note and psychology report	15.01.14	7 - 12
AB-7	Excerpts from records of	30.10.13	13 – 14
AB-8	Excerpts from records of	31.10.13	15 – 17
AB-9	Email and Consumer Care Review Summary and Plan	25.11.13	18 - 22
AB-10	Copy of message on Notice Board by	Undated	23 – 24
AB-11	Records and Crisis Intervention Plan	24.0.14	25 – 32
AB-12	Discharge Summary	Various	33 – 37
AB-13	Discharge Summary and BAC docs	Various	38 – 57
AB-14	Spreadsheet		58 – 59
AB-15	CIMHA progress note and handwritten note	14.11.13	60 - 62
AB-16	Consumer care and Discharge Plan	03.12.13	63 – 65
AB-17	Community Contracts		66 – 67

Author Anne Brennan

Recipients Daniel, Susan; Clayworth, Vanessa; Hoehn, Elisabeth

Subject Dear Vanessa and Sue

Date Monday, 7 October 2013 11:38:05 AM

Dear Vanessa and Sue

I came in today to do some work as I am away most of the coming week.I note the large amount of work you have each done on Thurs and Fri last week. Well done and thank you.

I hope I did not overstep the mark asking Mara by phone to ask you Sue to contact the [redacted] I thought rest of wait list could wait but they needed to be intercepted prior to arrival.

My aim is to engage each young person asap with CYMHS or whichever other services we are referring them on to.This may initially be piecemeal but each piece will eventually contribute to a comprehensive care package for them.

We have a very short time frame to transition their care. I would like to aim to be able to discharge all by mid December.

I will cancel the leave I had booked from 6-8 November.

Anne

Hi all

This evening one of our patients was showing peers and staff through personal Photo Album. I noted that several of the photos were of posing with various staff members. I was surprised to see photos of this patient and myself also. these Photos were allegedly taken at the school formal/ camp last year- it is my guess that they are school photos which have been shared by teaching staff. My concern is the appropriateness of these photos being in this patients possession as to me it may be seen as a case of blurred boundaries. Rather than requesting the photos there and then and risking a "showdown", I have decided to share this with all of you in an effort to achieve a favorable outcome for all parties.

regards,

Steve

Author Anne Brennan
Recipients
Subject Re: Just a few questions
Date Wednesday, 23 October 2013 6:04:12 PM

Anne Brennan
>>> 10/23/2013 8:41 am >>>

Date: Mon, 14 Oct 2013 19:10:23 +1000
From:
To:
Subject: Re: , before we talk today

Dear
I have read your email carefully. I think you have some valid concerns. I intend to

explore them further.

Following our phone conversation tonight, I hope you feel that you were not only listened to, but that many of your suggestions were helpful and taht a response will take your concerns into account.

I look forward to working with you on this plan.

Anne Brennan

>>> 10/14/2013 8:48 am >>>

mobile .Hi Dr. Anne. Hope we can talk briefly today. Thanks

****

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Susan Daniel - Sabine - PHaM's

From: Susan Daniel
To: [redacted]
Date: 31/10/2013 6:18 PM
Subject: [redacted]
CC: Anne Brennan; Moira Macleod
Attachments: Open Minds Personal Helpers Referral Form Dec 2012.docx; PHAMS Brochure.pdf

[redacted]

- 16 and above eligibility
- can stay as long as working on recovery goals/plan
- voluntary program
- free
- can assist the adolescent re-connect with different community activities (interests/ leisure/ independence skills/ licence/ Centrelink/ vocational / educational)
- can assist the adolescent connect with skills development opportunities
- offer a case coordination type service
- No crisis support
- Mon-Fri, 8-4 service; weekly contact (up to 2-3 hours)
- Can meet at your home; but aim for community locations
- encourage personal power and independence
- can provide advocacy support

It is good to hear [redacted] is doing much better than in the past and I wish [redacted] all the best in continuing this.

All the best,
Kind regards,
Sue

Susan Daniel
Community Liaison, Clinical Nurse
Barrett Adolescent Centre | The Park - Centre for Mental Health | Orford Drive | Wacol Q 4076
Alternative Postal Address: Locked Bag 500, Sumner Park BC Q 4074
[redacted]

Susan Daniel - Interagency consent form

From: Susan Daniel
To: [redacted]
Date: 5/11/2013 4:47 PM
Subject: Interagency consent form
CC: Anne Brennan; Vanessa Clayworth
Attachments: Parent consent Inter-Service contact (05.11.13) - [redacted]

Hi [redacted]

I was wondering if you could sign this consent form and provide us with the contacts of services you would like us to provide a handover to - e.g. private psychiatrist/psychologist, and GP (I am not sure if you have already provided this to Anne). I emailed you and gave [redacted] a copy of the Personal Helpers & Mentors program - if you would like us to send this referral, please let us know.

Feel free to amend the attached consent form (remove PHaMs if not needed). Please note that any case documents sent to these services will only be 'as needed' (GP will get less info compared to the therapist).

Kind regards,
Sue

Susan Daniel
Community Liaison, Clinical Nurse
Barrett Adolescent Centre | The Park - Centre for Mental Health | Orford Drive | Wacol Q 4076
Alternative Postal Address: Locked Bag 500, Sumner Park BC Q 4074
[redacted]

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From: Anne Brennan
To: Geppert, Leanne
CC: Johnson, Laura
Date: 11/22/2013 3:19 pm
Subject: Another discharge

I have just discharged [redacted] who has been on leave for several weeks. Family thrilled with progress. Engaged in therapy, living at home and working. Thought you'd enjoy a success story.
Anne

A/Clinical Director
Barrett Adolescent Centre
The Park-Centre for Mental Health
[redacted]

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Vanessa Clayworth - [redacted] Transition Package Plan

From: Vanessa Clayworth
To: Janelle Bowra
Date: 12/19/2013 11:42 AM
Subject: [redacted] Transition Package Plan
Attachments: 20131219113948597.pdf

Hi Janelle,

Please find attached [redacted] Transition Package Plan.

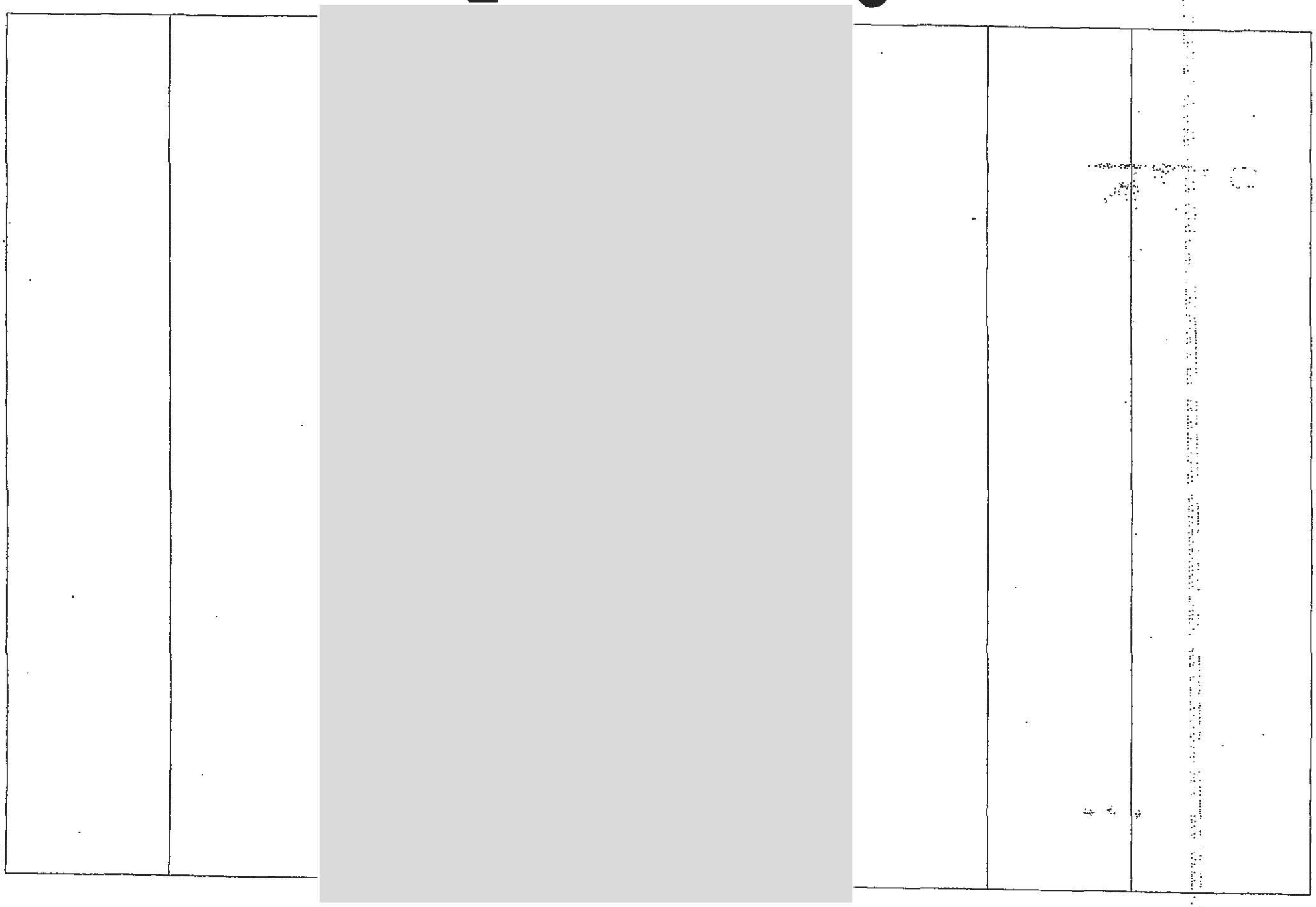
Thanks,

Vanessa [redacted]

C Consumer Transition Package Plan

[redacted]

Diagnoses	Identified Risks	Ongoing Treatment and Support Needs	Proposed Service Providers/Types (includes details of service already contacted)	Family Situation	Level of Independence	Accommodation Needs
[redacted]						



Vanessa Clayworth - HASP

From: Vanessa Clayworth
To: Janelle Bowra; Roderick Buchner
Date: 12/23/2013 3:23 PM
Subject: HASP
CC: Anne Brennan
Attachments: HASP-P300 Application Form 2013 [redacted] doc

Hi,

Please find attached pages 4 and 5 completed by Barrett.

Thanks,

Vanessa [redacted]

WEST MORETON HOSPITAL AND HEALTH SERVICE

The Park – Centre for Mental Health
Treatment, Research and Education

Enquiries: Dr A Brennan

BARRETT ADOLESCENT CENTRE

Telephone:

Facsimile:

22 November 2013

Mr Nathan Pasieczny
Mood Stream
PAH Mental Health Service
Princess Alexandra Hospital
Ipswich Road
ANNERLEY Q 4103

Dear Nathan

Thank you for accepting for ongoing medical care with has been

Diagnoses include:

Office/Postal
Barrett Adolescent Centre
C/- The Park – Centre for Mental Health
Locked Bag 500
SUMNER PARK BC Q 4074

Telephone:

Facsimile No:

[redacted]

Office/Postal
Barrett Adolescent Centre
C/- The Park – Centre for Mental Health
Locked Bag 500
SUMNER PARK BC Q 4074

Telephone: [redacted]

Facsimile No: [redacted]

[redacted]

Kind regards

[redacted]

Dr Anne Brennan
A/Director
Barrett Adolescent Centre

Office/Postal
Barrett Adolescent Centre
C/- The Park – Centre for Mental Health
Locked Bag 500
SUMNER PARK BC Q 4074

Telephone: [redacted]

Facsimile No: [redacted]

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